ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY



W-03783A Michael W. Schultz & Pamela J. Schultz dba Rincon Creek Water Company 14545 E Rincon Creek Ranch Rd Tucson, AZ 85747



ANNUAL REPORT Water

FOR YEAR ENDING

12 31 2009

FOR COMMISSION USE

ANN 04 09

4-5-10

COMPANY INFORMATION

Company Name (Business Name) RIV	ncon Creek Water C	<u>.</u> O.
Mailing Address 14545 E. Rincor	1 Creek Ranch Rd	
Tucson (Street)	A7.	85147
(City)	(State)	(Zip)
		520-404-0912
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address	, and the second second	
Local Office Mailing Address Same	as above	
(City)	(State)	(Zip)
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address		
MANA	GEMENT INFORMATIO	<u>ON</u>
☐Regulatory Contact:		
Management Contact: M\Cha	el Schultz	
14545 E. Rincon Creek F	Ranch Rd Tucson (City)	(Title) AZ. 85747 (State) (Zip) 5204040912
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address MIKE @ CUT 17 DNOV	ictory.com	
On Site Manager: Michael Sch	Wtz (Name)	
14545 E. Rincon Creek Ro		Az. 85747 (State) (Zip)
		5204040912
Telephone No. (Include Area Code) Email Address MIKE @ OVIZONAL	Fax No. (Include Area Code)	Cell No. (Include Area Code)

Statutory Agent: Diane	C. Schultz (Name)	
13511 E. GolfLinks	Rd. Tucson A:	
(Street)	(City)	(State) (Zip)
Talanhara Na (Irahala Arra Cada)	Fax No. (Include Area Code	520-404 6400 Cell No. (Include Area Code)
Telephone No. (Include Area Code)	rax No. (Include Area Code	Cen No. (menue Area Code)
Attorney:	(Name)	
	(Name)	
(Street)	(City)	(State) (Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address		
<u>C</u>	OWNERSHIP INFORMA	TION
Check the following box that applies	to your company:	
Sole Proprietor (S)	C Corporation	on (C) (Other than Association/Co-op)
Partnership (P)	Subchapter S	Corporation (Z)
☐ Bankruptcy (B)	Association/C	Co-op (A)
Receivership (R)	Limited Liab	ility Company
Other (Describe)		
	COUNTIES SERVE	2
Check the box below for the county/i	es in which you are certificated	to provide service:
□ АРАСНЕ	☐ COCHISE	☐ COCONINO
☐ GILA	☐ GRAHAM	☐ GREENLEE
☐ LA PAZ	☐ MARICOPA	☐ MOHAVE
☐ NAVAJO	⊠. PIMA	☐ PINAL
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUMA
☐ STATEWIDE		

UTILITY PLANT IN SERVICE

Acct.		Original	Accumulated	O.C.L.D.
No.	DESCRIPTION	Cost (OC)	Depreciation (AD)	(OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment	15,024	9,014	
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes	14,971	8,982	
331	Transmission and Distribution Mains	833	499	
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	190	114	
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	31,018	18.609	

This amount goes on the Balance Sheet Acct. No. 108-

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment	15,024	.0	
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes	14,971	,0	
331	Transmission and Distribution Mains	833	.0	
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	190	.0	
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	31,018		4

This amount goes on the Comparative Statement of Income and Expense ______Acct. No. 403.

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
110.	ASSETS	YEAR	YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$	\$
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable	 	
146	Notes/Receivables from Associated Companies	 	
151	Plant Material and Supplies	 1340	1340
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
,	TOTAL CURRENT AND ACCRUED ASSETS		
		\$	\$
	FIXED ASSETS		
101	Utility Plant in Service	\$ 36,500	\$ 36,500
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	32,550	32,850
121	Non-Utility Property	•	•
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$ 3,650	\$
	TOTAL ASSETS	\$ 499000	\$ 3,6500

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

BALANCE SHEET (CONTINUED)

Acct.		BALANCE AT BEGINNING OF	BALANCE AT END OF
110.	LIABILITIES	YEAR	YEAR
	CURRENT LIABILITES		745-
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$	\$
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$	\$
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
201	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value	Ψ	Ψ
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)	4552	
210	TOTAL CAPITAL	\$ 4552	\$
	TOTAL LIABILITIES AND CAPITAL	\$ 4552	\$ 3600

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$	\$
460	Unmetered Water Revenue		
474	Other Water Revenues		
	TOTAL REVENUES	\$	\$ D
	OPERATING EXPENSES		
601	Salaries and Wages	\$	\$
610	Purchased Water		
615	Purchased Power		2148
618	Chemicals	Maria 200	
620	Repairs and Maintenance		732
621	Office Supplies and Expense		
630	Outside Services		250
635	Water Testing		
641	Rents		
650	Transportation Expenses		
657	Insurance – General Liability		
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense		
403	Depreciation Expense		
408	Taxes Other Than Income		
408.11	Property Taxes		42
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$	\$ 3172
	OPERATING INCOME/(LOSS)	\$	\$
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/(EXPENSE)	\$	\$
	NET INCOME/(LOSS)	\$	\$ (3172)

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-	171		MIN.	1	1.7	-1	VI.	1.

SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN	T#1 LOA	AN #2 LOA	AN #3 LC	AN #4
Date Issued					
Source of Loan					
ACC Decision No.					
Reason for Loan					
Dollar Amount Issued	\$	\$	\$	\$	
Amount Outstanding	\$	\$	\$	\$	
Date of Maturity					
Interest Rate		%	%	%	%
Current Year Interest	\$	\$	\$	\$,
Current Year Principle	\$	\$	\$	\$	

Meter Deposit Balance at Test Year End	\$	
Meter Deposits Refunded During the Test Year	\$.	

NA

COMPANY NAME		
Name of System:	ADEQ Public Water System Number:	

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
55-620931	15	130	250	18	NA	
	·					

^{*} Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
Second well 1993	45	

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
NA			
	·		

STORAGE TANKS		PRESSUI	RE TANKS
Capacity	Quantity	Capacity	Quantity
2000		5000	
1800		5000	1

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	
Name of System:	ADEQ Public Water System Number:

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

70.00		7	. *	-
M	Λ	11	N	•
IVE.	∕┓	11	7	L 3

Size (in inches)	Material	Length (in feet)
2		1800
3		400
4		400
5		
6		
8		
10		
12		
	_	

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X ³ / ₄	
3/4	
1	
1 1/2	
2	2
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:				
NA .				
STRUCTURES:				
na		<u>-</u>		
	· Element			
OTHER:				
Bock up well generator				
many was garages.				
			1 44,400	

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME:	
Name of System:	ADEQ Public Water System Number:

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2009

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	5			
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER	V			
	$TOTALS \longrightarrow$	nA		

What is the level of arsenic for each well on your system?mg/l (If more than one well, please list each separately.)
If system has fire hydrants, what is the fire flow requirement? <u>NA</u> GPM forhrs
If system has chlorination treatment, does this treatment system chlorinate continuously? () Yes () No
Is the Water Utility located in an ADWR Active Management Area (AMA)? (x) Yes () No
Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement? () Yes (X) No
If yes, provide the GPCPD amount:

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME:		
Name of System:	ADEQ Public Water System Number:	

UTILITY SHUTOFFS / DISCONNECTS

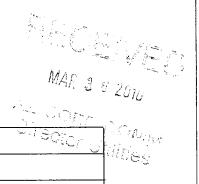
MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
$TOTALS \longrightarrow$	0		

OTHER (description):					
AND			 	· • • • • • • • • • • • • • • • • • • •	

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2009 was: \$_42,00
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.
If no property taxes paid, explain why

VERIFICATION AND SWORN STATEMENT Taxes



VERIFICATION

STATE OF	ĩ	
----------	---	--

I, THE UNDERSIGNED

OF THE

OUNTY OF (COUNTY NAME)	V. (30)-
PIMa	
NAME (OWNER OR OFFICIAL) TITLE	[]
michael Selultz	
COMPANY NAME	
PZNON Creek water CO	

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2009

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

S20-404-0917

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

No

H MARCH

2010

THIS

OFFICIAL SEAL
ARMIDA T. COTA
NOTARY PUBLIC - ARIZONA
PIMA COUNTY
My Commission Expires Nov. 14, 8018

Amude F

Cake

MY COMMISSION EXPIRES NOV 142012

SIGNATURE OF NOTARY PUBLIC

SIGNATURE

PRINTED NAME

Michael Schultz

INCOME TAXES

For this reporting period, provide the following:				
Federal Taxable Income Reported Estimated or Actual Federal Tax Liability	0			
State Taxable Income Reported Estimated or Actual State Tax Liability	D			
Amount of Grossed-Up Contributions/Advances:				
Amount of Contributions/Advances Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances	0 0			
Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.				
CERTIFICATION				
The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.				

Dwner

TITLE

VERIFICATION AND SWORN STATEMENT



Intrastate Revenues Only VERIFICATION COUNTY OF (COUNTY NAME) Dima STATE OF I, THE UNDERSIGNED OF THE DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION MONTH 31 2009 FOR THE YEAR ENDING 12 HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. SWORN STATEMENT IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2009 WAS: Arizona Intrastate Gross Operating Revenues Only (\$) (THE AMOUNT IN BOX ABOVE INCLUDES \$ IN SALES TAXES BILLED, OR COLLECTED) **REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE, (EXPLAIN IN DETAIL) SUBSCRIBED AND SWORN TO BEFORE ME A NOTARY PUBLIC IN AND FOR THE COUNTY OF 2514 DAY OF THIS .20*jO* OFFICIAL SEAL

ARMIDA T. COTA

NOTARY PUBLIC - ARIZONA PIMA COUNTY

Son Expires Nov. 14, 2012

SIGNATURE OF NOTARY PUBLIC

(SEAL)

MY COMMISSION EXPIR

VERIFICATION AND SWORN STATEMENT

RESIDENTIAL REVENUE

Intrastate Revenues Only

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5	
	MAR 3 0 201

VERIFICATION

ST.	ATE	OF	AR	17.0	NA
$\boldsymbol{\omega}$					1 1 2 1

I. THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	STECKET SECTIONS
Dima	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
NAME (OWNER OR OFFICIAL) Schultz	TITLE
COMPANY NAME RINCON Creek water co	
(-0.00.0)	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2009

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2009 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES	THE AMOUNT IN BOX AT LEFT INCLUDES \$ IN SALES TAXES BILLED, OR COLLECTED)
*RESIDENTIAL REVENUE REPORTED ON THIS MUST INCLUDE SALES TAXES BILLED.	PAGE SIGNATURE OFFICIAL SIGNATURE OFFICIAL
	520 40 4-0917_ TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

2514

DAY OF

.20/ O

(SEAL)

MY COMM

OFFICIAL SEAL ARMIDA T. COTA NOTARY PUBLIC - ARIZONA EIMA COUNTY sion Expires Nov. 14, 2012

SIGNATURE OF NOTARY PUBLIC